

POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)
US ARMY RESERVE IMPLEMENTATION PLAN

1. References

- a. Deployment Cycle Support (DCS) CONPLAN, 2 May 2003.
- b. ASD(HA) Memorandum, Subject: Policy for Department of Defense Deployment Health Quality Assurance Program, 9 January 2004.
- c. ASD(HA) Memorandum, Subject: Automation of Pre- and Post-Deployment Health Assessment Forms, 31 May 2004.
- d. ASD(HA) Memorandum, Subject: Post-Deployment Health Reassessment (PDHRA), dated 10 March 2005.
- e. ASA(M&RA) Memorandum, Subject: PDHRA Program Evaluation, dated 26 October 2005.
- f. ASA(M&RA) Memorandum, Subject: Post Deployment Health Reassessment, dated 23 January 2006.
- g. MILPER Message Number 05-273, Subject: Line of Duty (LOD) Post Deployment Health Reassessment Policy.

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2. Situation.

a. On 10 March 2005, the Assistant Secretary of Defense for Health Affairs directed an extension of the current post-deployment health assessment program to provide a Post-Deployment Health Reassessment (PDHRA) of global health with a specific emphasis on mental health, three to six months post-deployment. Recent field research indicates that health concerns, particularly those involving mental health, are more frequently identified several months after return from an operational deployment. The PDHRA screening process will enhance early identification and treatment of emerging mental health and other deployment-related health concerns. The process follows the currently mandated PDHA program which is administered to Soldiers immediately after redeployment.

b. A PDHRA screening will be offered three to six months post redeployment to all Army Reserve Soldiers deployed to a combat zone. Soldiers on Medical Retention Processing orders will be offered PDHRA screening three to six months after discharge from a medical treatment facility.

c. The PDHRA screening process will be incorporated into the Deployment Cycle Support (DCS) Program as one of the tasks in the Reconstitution Phase. Completing the PDHRA screening process will be a command responsibility at all levels.

d. The PDHRA screening process will be administered to all eligible Soldiers retroactive to 10 March 2005. Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 will be notified by mail of the PDHRA screening process and offered the opportunity to complete it. The Army Reserve target date to begin implementation of the PDHRA screening process is 1 November 2005.

e. DD Form 2900 (JUN 2005) has been developed as the screening tool, and is found at Annex A.

3. Applicability. This plan is applicable to all Army Reserve Soldiers supported by the Human Resource Command – St Louis (HRC-S) and the US Army Reserve Command (USARC).

4. Responsibilities.

a. USARC Surgeon Forward (FWD) Office .

(1) Serve as the PDHRA program manager for the CAR.

(2) Represent the CAR at Department of Defense/Department of the Army- level meetings.

(3) Prepare briefings and PDHRA program updates for the CAR and Deputy CAR.

(4) In coordination with the USARC Surgeon (FWD), USARC Surgeon, and Human Resources Command Saint Louis (HRC-S) establish plans, policies and programs to ensure that all Army Reserve Soldiers meeting the eligibility criteria for the PDHRA screening have that opportunity

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b. OCAR Program Analysis & Evaluation .

(1) Coordinate resource funding requirements for the PDHRA program, to include travel, and pay and allowances for Soldiers, and staff assistance visits for OCAR, USARC, and HRC-S,

(2) Submit annual Global War on Terrorism (GWOT) supplemental un-financed requirements (UFR) for PDHRA.

c. OCAR Public Affairs Office .

(1) Consistent with the Department of the Army Strategic Communications Plan, develop an Army Reserve communications plan to convey information on the Army's PDHRA program to eligible Soldiers.

(2) Support the USARC (FWD) Surgeon, USARC Surgeon, and HRC-S Surgeon with materials about the PDHRA program specific to the Army Reserve, such as news releases and informational pamphlets.

d. USARC G-1.

(1) Ensure integration of the PDHRA program into the Army Reserve Deployment Cycle Support (DCS) plan.

(2) Provide the USARC Surgeon with the DCS assistance team's schedule of outreach and site visits to ensure the Surgeon's representative is available for additional site support.

(3) Provide support to the PDHRA program by ensuring an effective Line of Duty process is in place.

e. USARC Surgeon.

(1) Prepare an Implementation Plan to provide the PDHRA screening to all eligible Selected Reserve Soldiers who returned from combat deployments on or after 10 March 2005.

(2) Notify those Selected Reserve Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 and offer them the opportunity to complete the PDHRA screening process.

(3) Monitor and prepare reports on Soldier compliance through the use of the management reports such as those available from the Federal Occupational Health Program Office (FHPO) and Medical Protection System (MEDPROS) medical readiness database.

(4) Monitor the referrals process to ensure Soldiers receive the appropriate interventions for identified medical issues.

(5) Review and maintain Army Reserve specific information on the Army Knowledge Online (AKO) PDHRA website.

(6) Conduct staff visits in coordination with the FHPO to selected on-site screening events, to ensure compliance with stated PDHRA requirements.

(7) Prepare and forward reports required by the Assistant Secretary of the Army (Manpower and Reserve Affairs), ASA(M&RA), to the ASA(M&RA) point of contact, ensuring reports are accurate and the most up-to-date information is provided.

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(8) Serve as the point of contact for Select Reserve units wanting to schedule on-site screening teams, and coordinate with FHPO to ensure scheduling is completed.

(9) Provide HRC-S with the on-site screening team schedule so that IRR, IMA and RR Soldiers may complete the PDHRA screening on-site if desired.

(10) Based upon the FHPO on-site screening team schedule, coordinate with Army National Guard unit points of contact for "piggy back" screening of Army Reserve units and individuals.

f. HRC-S.

(1) Prepare an Implementation Plan to provide the PDHRA screening to all eligible Individual Ready Reserve (IRR), Individual Mobilization Augmentees (IMA), and recalled Retired (RR) Soldiers who returned from combat deployments on or after 10 March 2005.

(2) Notify those IRR, IMA and RR Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 and offer them the opportunity to complete the PDHRA screening process. Soldiers who have ETS'd will be included in the notification.

(3) Prepare and forward reports required by the Assistant Secretary of the Army (Manpower and Reserve Affairs), ASA(M&RA), to the ASA(M&RA) point of contact.

(4) Internal responsibilities and processes are provided at Annex B.

g. Major Subordinate Commands

(1) Ensure all subordinate commands comply with this implementation guidance.

(2) Communicate reports of non-compliance to the appropriate commander. Reports will be submitted until all eligible Soldiers have completed the DD form 2900.

(3) Coordinate with the FSHPO to plan and conduct on-site events for the completion of PDHRA program. An on-site event requires a minimum of 60 eligible Soldiers to schedule the event.

h. Unit Commanders

(1) Ensure all eligible Soldiers complete the PDHRA using DD form 2900. This form is completed either on-line, through the call center or at a face to face encounter.

(2) Report the unit's progress in completing the PDHRA screening process through the Regional Readiness Command (RRC) to the USARC Surgeon on a monthly basis.

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(3) Provide an orientation brief on the importance of the PDHRA process and ensure all eligible Soldiers have viewed the Office of The Surgeon General/Medical Command (OTSG/MEDCOM) PDHRA information video.

(4) Initiate appropriate personnel and medical board actions for Soldiers. For example, a Soldier is identified after evaluation as having a medical condition exceeding the standards in Chapter 3 of AR 40-501 Standards of Medical Fitness, 1 February 2005. This requires that the Soldier be evaluated by a Medical Evaluation Board for a condition associated with the Soldier's period of activation.

5. Process.

a. The Army Reserve will begin implementation of the PDHRA screening process on 1 November 2005, or as soon as practical thereafter, as resources for this new mission requirement become available. Implementation of the PDHRA screening process will be phased in over the entire Army Reserve. Priority will be given to scheduling recently redeployed troop units who will be in the three to six month redeployment window.

b. All eligible Army Reserve Soldiers will complete the Soldier portion of the form on-line through either AKO or direct access to the Post Deployment Health server (<http://www.pdhealth.mil/dcs/pdhra.asp>) or through the FHPO call center. Current and separated Soldiers with Active AKO accounts will access the AKO PDHRA site for current information, training and updates on the PDHRA program. Ideally, the PDHRA screening process must be completed between three and six months after redeployment from the combat zone, or within three to six months after discharge from a medical treatment facility. Given the time lag between redeployment dates and the initiation of the PDHRA screening process, the following procedures will be adopted to ensure that Soldiers already beyond the three to six month deployment window, who meet the criteria, complete it:

(1) Soldiers who deployed will be provided the opportunity to complete the PDHRA screening process with their units during specifically scheduled battle assemblies for the purpose of completing the PDHRA as coordinated through the

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Regional Readiness Commands. IMA and IRR Soldiers, as well as Army Reserve TPU Soldiers who deployed with other units, will complete the PDHRA screening process at unit-level PDHRA sites if possible or by contacting the FHPO call center.

(2) Separated Soldiers, to include retirees and those that have ETS'd, will complete the PDHRA screening process on a voluntary basis on-line. They may also contact the FHPO call center.

c. Recall to Active Duty. As a result of completing the PDHRA screening process, some Army Reserve Soldiers may be eligible to be voluntarily recalled to active duty for medical treatment and/or processing under the Medical Retention Processing 2 (MRP2) program. Eligibility for MRP2 is determined by a board process.

Annexes:

Annex A Army Post-Deployment Health Reassessment (PDHRA) DD Form 2900

Annex B Human Resource Command, St Louis (HRC-STL) Implementation Plan